

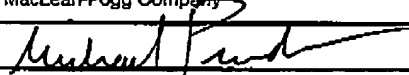
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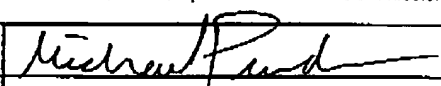
PTO/SB/21 (09-04)
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/718,914 | |
| | Filing Date | November 21, 2003 | |
| | First Named Inventor | Gerard Jakuszeski | |
| | Art Unit | 3677 | |
| | Examiner Name | Flemming Saether | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 09-9540-6520-0000-4 |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
|--|---|-----------------|
| Firm Name | MacLean-Fogg Company | |
| Signature |  | |
| Printed name | Michael Pruden | |
| Date | January 18, 2006 | Reg. No. 52,135 |

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PTO/SB/31 (04-05)

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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 09-9540-6520-0000-4 | |
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| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) | | \$ 500.00 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | \$ _____ | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | |
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| <input type="checkbox"/> applicant/inventor. | | Michael Pruden Typed or printed name | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | (847) 970-4643 Telephone number | |
| <input type="checkbox"/> attorney or agent of record. Registration number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. 52,135 | | January 18, 2006 Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
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